



West Virginia Information Technology Summit

November 4, 2009

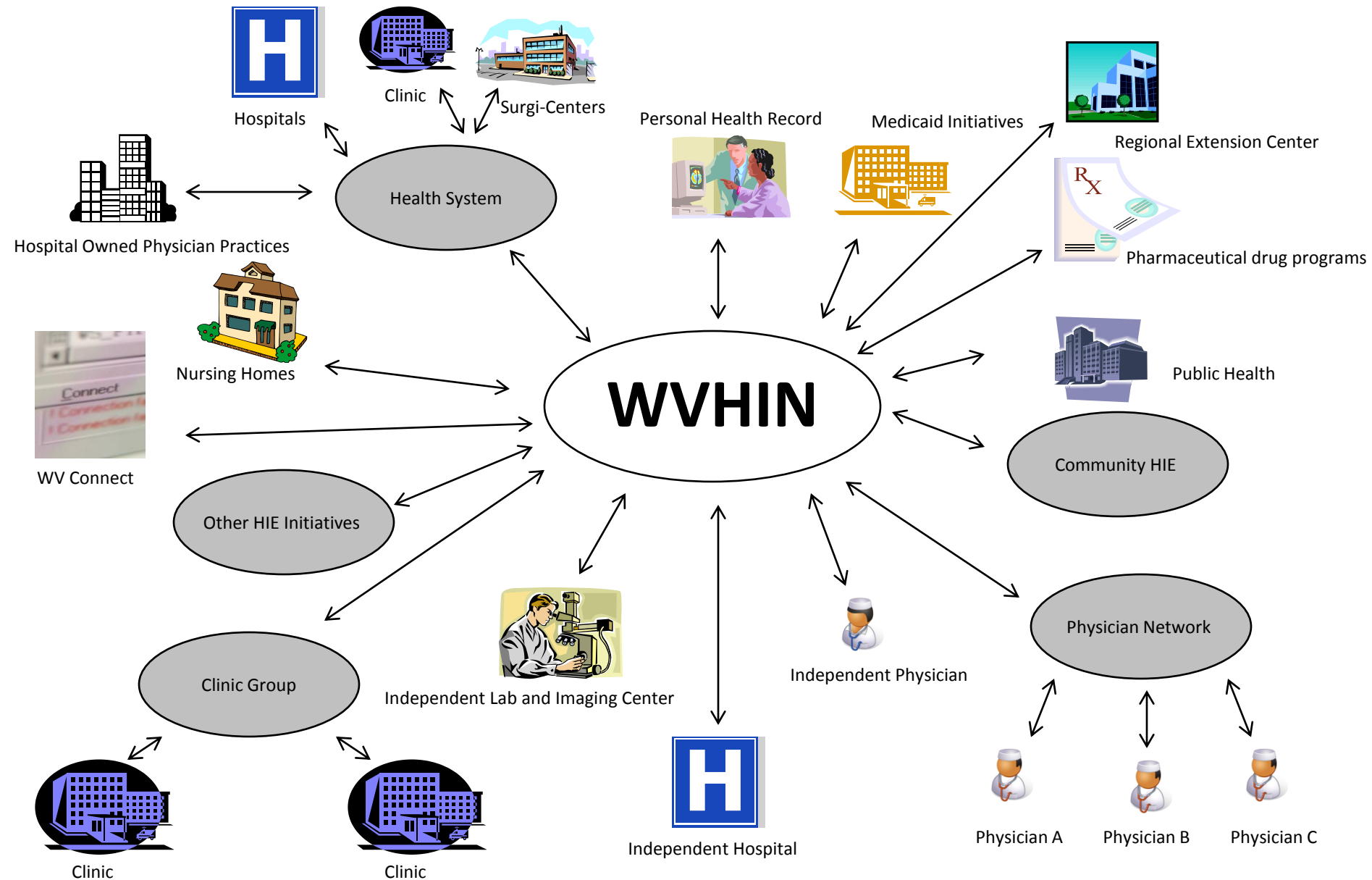
WVHIN Background

- Enabled by W. Va. Code 16-29G-1, *et seq.* (2006)
- Managed by 17-member public/private Board of Directors
- Charged to design, implement and maintain a statewide health information exchange
- WVHIN Goal: Improve Patient Care

What is Health Information Exchange?

- “The electronic movement of health-related information among organizations according to nationally recognized standards.” - *Office of the National Coordinator, 2008*
- Health Information Exchanges (HIE) can transform health care.

WVHIN Enables Data Exchange for Patient Centered Care



Phase 1 – Clinical Messaging

- E-prescribing
- Transfer of data relating to specific transactions including:
 - Results – delivery of lab results, radiology results, and hospital reports
 - Referrals – cross-referrals between physician practices
 - Public health exchange – reportable conditions to public health and alerts from public health



Phase 2 – Inquiry

- Access to data from multiple organizations:
 - Allergies
 - Lab, Radiology, Hospital and other reports
 - Immunization & Disease Registries
 - Problem Lists
 - Administrative Data
 - Diagnosis
 - Medications
 - Public Health Reportable Conditions & Alerts



Phase 3 – Quality & Value

- Quality Improvement Initiatives:
 - Public Health Surveillance & Population Health
 - Personal Health Record
 - Aggregate data available for quality of care analysis purposes



WVHIN's Architecture & Design

- Commercially available, hosted- solution
- Hybrid architecture with capabilities to support both federated and centralized applications, centralized and de-centralized data
- Support a “shared services and repositories” approach as specified by ONC
- Conform to the most current technical industry standards such as HL7, IHE, CDA, CCD, and HITSP and semantic interoperability standards such as LOINC, SNOMED, etc
- Include an interface to the NHIN

Meaningful Use of EHRs

- The HITECH Act provides incentive payments under Medicare and Medicaid for eligible providers who have adopted certified EHR systems which meet requirements for “meaningful use.”
- Meaningful Use of a EHR has 3 components:
 1. EHR system must be certified and include e-prescribing capabilities.
 2. EHR system must be able to exchange with other systems (interoperability).
 3. The system must produce reports using various yet-to-be defined clinical and quality metrics.
- Final rule to be published by end of 2009.
- Physician incentive payments could range from \$44,000 over 5 years under Medicare or \$65,000 under Medicaid.
- Base hospital incentive payment under Medicare is \$2M.

Meaningful Use & Physician Adoption

- WVHIN is committed to assisting the provider community achieve the definition of Meaningful Use by:
 1. Connecting all providers to the WVHIN.
 2. Providing low cost, easy to use solutions for those providers who are not well positioned to achieve Meaningful Use on their own or do not have easy access to EMRs that meet the definition of Meaningful Use.

WVHIN Roll Out Plan

- **Roll out by Medical Referral Region (MRR)** – hospitals, physicians, FQHCs, nursing homes, other clinics, other providers
- **Sequencing of start of roll out**
 - Roll out to begin as early as July 2010
 - Charleston, Wheeling, Huntington, Morgantown MRRs, others
- Roll out of an additional MRR will begin in first Quarter 2011, with a third roll out in second Quarter 2011; subsequent MRRs rolled out every 4 months.



Vendor Selection Process

- Transparent process to select WVHIN vendor
- Tentative timeline – now through April 2010

